California Department of Developmental Services

$19.1 Million Direct Care Staff Wage Enhancement Funding

Application Instructions

<u>**Step 1**</u>

APPLICATION LOGIN PAGE

Vendor Number: Enter the 6 character Vendor Number assigned by the vendoring regional center. It usually begins with an alpha (letter). *Example - H00005*

Service Code: Select the correct Service Code from the drop-down menu. If you are vendored under more than one Service Code, each Service Code will need a separate application
   If you are trying to use a Service Code not on the drop down menu, that Service Code is not eligible for the wage enhancement.

Password: Enter the Password as specified on the letter you received from DDS. *Example – B1234*

Application Confirmation ID: The Confirmation ID is displayed on the Certification and Signature page after the application is successfully submitted. The Confirmation ID can be used to reprint the Certification and Signature page. Each Service Code will have its own Confirmation ID. *Example – Confirmation ID: L2445*

<u>**Step 2**</u>

APPLICATION FORM

Vendor Number & Service Code: These were entered on the login page. If incorrect, click on the "Cancel this Application" button at the bottom of the screen to restart the entry process.

Vendor Name: Make changes if the name is not correct. The name is what DDS currently has on file. *Example - ABC Day Program.*

Vendor Address: Make changes if the billing address for this vendor number is not correct. *Example - 1000 A Street, Suite 1B*

Vendor City, State & Zip: Make changes to the City, State and Zip if this is incorrect.

Phone Number (Include Area Code): Enter the phone number for the billing address location. *Example - 916-654-0000*

Vendor Contact (First Name & Last Name): Enter the first and last name of the individual to be contacted in case DDS has questions about any portion of this application.

Vendor Contact E-Mail: Enter the E-Mail address for the individual to be contacted in case DDS has questions about any portion of this application. *Example –* *mary.jones@abcdayprogram.org*

Executive Director/Owner (First Name & Last Name): Enter the first and last name of the Executive Director or owner. If this is the same as the contact person, you can check the box to have it entered automatically.

Executive Director/Owner E-mail: Enter the E-Mail address of the Executive Director or Owner. An E-mail confirmation to acknowledge receipt of the Work Enhancement application will be sent to this address.   *Example – mary.jones@abcdayprogram.org*

REGIONAL CENTER INFORMATION

Vendoring Regional Center: Check the regional center that issued the vendor number submitted on this application. *Example - Central Valley*

Utilizing Regional Center: Check **all** the user regional centers that are funding services for at least one consumer from the program specified by the vendor number submitted on this application. *Example – Alta, East Bay, Harbor*

COST INFORMATION

Number of consumers that were paid for by RCs in June 2006: Enter the number of consumers that were paid for by regional centers based on the June 2006 turnaround invoices.

Total amount paid by all RCs for April, May, and June of 2006: Enter the total amount paid by all regional centers for April, May and June of 2006.

Rate Paid on June 30, 2006 from Turnaround Invoice: Enter the rate paid per Hour, Day or Month.

Total Hours: Enter the number of hours including paid sick leave and/or vacation that all direct care staff worked during June 2006.

Total Wages Paid: Enter the total amount of wages, excluding any benefits, for all direct care staff in June 2006.

Certification Information: Select the one that best fits your program.